2008 FOR PROFIT CORP. ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90022 026 ***150.00

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1. Entity Name

ARROWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1825 S RIVERVIEW DR. MELBOURNE FL 32901	3500 FELL RD MELBOURNE FL 32904

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3500 FELL RD	3500 FELL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST MELBOURNE, FL	City & State: WEST MELBOURNE, FL
Zip: 32904 Country: BREVARD	Zip: 32904 Country: BREVARD

4. FEI Number: 59-2684784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REINMAN, JAMES L 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RAYNOR, DAYLE 486 BOONE AVE. MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RAYNOR, DAYLE 486 BOONE AVE. WEST MELBOURNE, FL 32904	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLAN, COURT 414 ARROWOOD STREET MELBOURNE FL 32904	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANBUSKIRK, BETTY 433 BUFFALO ST WEST MELBOURNE, FL 32904	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S MAASS, LORENA 438 ARROWOOD STREET WEST MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNA, JOHN 427 SUN DANCE ST WEST MELBOURNE, FL 32904	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUPKA, MICHAEL J JR 474 BOONE AVE MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUPKA, MICHAEL J. JR. 474 BOONE AVE WEST MELBOURNE, FL 32904	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FAULKNER, WILLIAM 445 CROCKETT WEST MELBOURNE FL 32904	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GLAZE, DICK 415 BUFFALO ST. WEST MELBOURNE, FL 32904	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RESLMAIER, GERHARD T 436 SUN DANCE ST MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RESLMAIER, GERHARD J. 436 SUN DANCE ST. WEST MELBOURNE, FL 32904	■ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerhard J. Reslmaier GERHARD J. RESLMAIER 04/08/08 321-409-3678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #